

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Handwritten]</i>		<i>4/1/01</i>
O.I.P.E. CLASSIFIER		<i>65955</i>	<i>5/27</i>
FORMALITY REVIEW			<i>2/17</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	11/15/01
2	✓	✓	11/23/01
3	✓	✓	11/23/01
4	✓	✓	11/23/01
5	✓	✓	11/23/01
6	✓	✓	11/23/01
7	✓	✓	11/23/01
8	✓	✓	11/23/01
9	✓	✓	11/23/01
10	✓	✓	11/23/01
11	✓	✓	11/23/01
12	✓	✓	11/23/01
13	✓	✓	11/23/01
14	✓	✓	11/23/01
15	✓	✓	11/23/01
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If more than 150 claims or 10 actions  
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